

VIRGINIA DEPARTMENT OF HEALTH
RADIOLOGICAL HEALTH
P.O. Box 2448
Richmond, VA 23218
(804) 786-5932

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
SUPPLEMENT A – HUMAN USE (continued)

Using Physician's Name:			
10. Clinical training and experience of above named physician (continued)			
Isotope A	Conditions diagnosed or treated B	Number of cases involving Personal participation C	Comments (use extra sheets in duplicate if needed) D
P-32 soluble	Treatment of polycythemia vera, leukemia, and bone metastases		
P-32 Colloidal	Intracavitary treatment		
I-131	Treatment of thyroid carcinoma		
I-131	Treatment of hyperthyroidism		
Au-198	Intracavitary treatment		
Co-60 or Cs-137	Interstitial treatment		
	Intracavitary treatment		
I-125 or Ir-192	Interstitial treatment		
Co-60 or Cs-137	Teletherapy treatment		
Sr-90	Treatment of eye disease		
	Radiopharmaceutical preparation		
Mo-99/ Tc-99m	Generator		
Sn-113/ In-113m	Generator		
Tc-99m	Reagent kits		
Other			
11. Dates and total number of hours received in clinical radioisotope training:			
12. The training and experience indicated above was obtained Under the supervision or guidance of:		13. Preceptor's signature	
(a) Name of supervisor		14. Preceptor's name (type or print)	
(b) Name of Institution		15. Date	
(c) Mailing Address			
(d) City, state, ZIP code			